

## Foster Family Home - Corrective Action Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

94-583 Apii Place

Waipahu

HI 96797

Review ID: 1-511099-6

Reviewer: Julie Hastings

Begin Date: 12/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection completed for a 3 person CCFFH recertification. Home is in compliance with all requirements. Home will receive a 3 bed certification

Julie A Hastings RN, BSN  
Compliance Manager  
Imelda Viernes  
Primary Care Giver

12/12/19  
Date  
12/12/19  
Date